



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

SOUTH TEXAS RADIOLOGY GROUP
P O BOX 29407
SAN ANTONIO TX 78229-5907

Respondent Name

UNIVERSITY OF TEXAS SYSTEM

Carrier's Austin Representative Box

#46

MFDR Tracking Number

M4-12-2224-01

MFDR Date Received

FEBRUARY 28, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We originally billed Blue Cross Blue Shield as this is what was provided at the time of service. It was not until 10/10/2011 that we received the correct insurance information. Per 28 TAC 133.20 we have 95 days to claim once we became aware of new insurance information if we have previously billed a Work Comp or Commercial insurance."

Amount in Dispute: \$119.83

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "It is this Carrier's position that no reimbursement is due for the bills in dispute because the Carrier was not notified of timely filing by the provider in a timely manner. The requester did not timely provide proof of timely filing as required per Section 408.0272 of the Act...Both bills for date of service 06/27/11 were received by the Carrier in October 2011 and January 2012...Based on conversation with the Carrier on October 10, 2011, the provider was aware of the worker compensation claim October 10, 2011 or before. The Carrier did not timely receive proof of timely filing from provider within the periods prescribed by Section 408.027(c), i.e., within 95 days after the date the provider was reportedly notified of the providers' erroneous submission of the claim **THIS DISPUTE REQUEST IS THE FIRST TIME THE BC/BS EXPLANATION OF BENEFIT HAS BEEN PROVIDED TO THE CARRIER which is 143 days after the contact with the workers compensation Carrier on October 10, 2011.**"

Response Submitted by: UniMed Direct, P. O. Box 262001, Plano, TX 75026-2011

SUMMARY OF FINDINGS

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|------------------|--|-------------------|------------|
| June 27, 2011 | Professional Component of Radiology Services | \$119.83 | \$119.83 |

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Tex. Admin. Code §134.600 sets out the fee guidelines for the reimbursement of workers' compensation non-emergency health care requiring preauthorization provided on or after May 2, 2006.
3. 28 Texas Administrative Code §134.203 sets out the fee guidelines for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated October 31, 2011

- 29 – The time limit for filing has expired. \$0.00
- 863-101 – THE TIME LIMIT FOR FILING HAS EXPIRED. THE STATUTE OF LIMITATIONS HAS EXPIRED. UMN RECOMMENDS \$0.00.

Explanation of benefits dated January 9, 2012

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 29 – The time limit for filing has expired. \$0.00
- 863-101 – THE TIME LIMIT FOR FILING HAS EXPIRED. THE STATUTE OF LIMITATIONS HAS EXPIRED. UMN RECOMMENDS \$0.00.
- 901– RECONSIDERATION NO ADDITIONAL PAYMENT. ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.

Issues

1. Did the requestor forfeit the right to reimbursement for the services in dispute?
2. Did the requestor timely file the medical bill that included the disputed services?
3. Is reimbursement due?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." Texas Labor Code §408.0272(b) states, in pertinent part "Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if: (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with: (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured." Documentation submitted by the requestor indicates that the services in dispute were filed to BCBS of Texas. The division concludes that the requestor did not forfeit its right to reimbursement for the service in dispute because the requestor met the exception described in §408.0272.
2. Texas Labor Code §408.0272 goes on to state "(c) Notwithstanding Subsection (b), a health care provider who erroneously submits a claim for payment to an entity described by Subdivision (1) of that subsection forfeits the provider's right to reimbursement for that claim if the provider fails to submit the claim to the correct workers' compensation insurance carrier within 95 days **after the date the provider is notified** of the provider's erroneous submission of the claim." Documentation found supports that the requestor was contacted by the Texas Workers' Compensation Carrier on October 10, 2011 and informed that the services in dispute were covered under workers' compensation. The carrier representative provided information regarding the workers' compensation claim to the requestor on that date. Review of the explanation of benefits provided by the parties indicates that the medical bill for the disputed services was received by the respondent on October 31, 2011. The date sent can be established by 28 Texas Administrative Code §102.4(h)(2) which states, in pertinent part, that the date sent is "...the date it [the written communication] was received minus five days." Therefore, the date sent does not exceed 95 days from the date the provider was notified. The division concludes that the health care provider timely submitted the disputed services to the carrier; therefore the services are eligible for payment.
3. Reimbursement for the services in dispute are addressed in 28 Texas Administrative Code §134.203(c) which states in pertinent part, "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.(1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, **Radiology**, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83... Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare

Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year." The MAR for the payable services may be calculated by using the following formula: (TDI-DWC Conversion Factor / MEDICARE CONVERSION FACTOR FOR 2011) x Medicare Price = MAR

| Code | MAR Calculation | MAR |
|-------|---------------------------------------|----------|
| 73610 | (54.54/33.9764) x \$8.34 for 1 Unit | \$13.38 |
| 73630 | (54.54/33.9764) x \$8.34 for 1 Unit | \$13.38 |
| 73650 | (54.54/33.9764) x \$8.00 for 1 Unit | \$12.84 |
| 73700 | (54.54/33.9764) x \$49.98 for 1 units | \$80.23 |
| | Total MAR | \$119.83 |

The total allowable for the disputed services is \$119.83. The carrier paid \$0.00; therefore \$119.83 is recommended for payment.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$119.83.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$119.83 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 25, 2013

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.